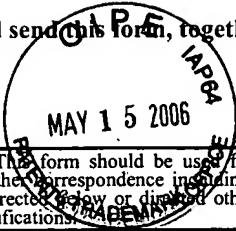


05-17-06  
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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56703 7590 04/18/2006

ROBERT D. VARITZ, P.C.  
4915 SE 33RD PLACE  
PORTLAND, OR 97202

EXPRESS MAIL #  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

05/18/2006 CCHAU2 00000019 10726064

01 FC:2501 700.00 DP

Robert D. Varitz (Depositor's name)  
*Robert D. Varitz* (Signature)  
May 15, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/726,064	12/02/2003	Alan Andresen	354458004US1	2576

TITLE OF INVENTION: DIFFERENTIATING ACUTE MYOCARDIAL INFARCTION FROM OTHER ECG ABNORMALITIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	07/18/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
FAULCON JR, LENWOOD	3762	600-509000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Jon M. Dickinson PC  
Robert D. Varitz PC  
2  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
Inovise Medical, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
Portland, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ Publication Fee (No small entity discount permitted)  
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☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-02088 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Robert D. Varitz*  
Typed or printed name Robert D. Varitz

Date May 15, 2006  
Registration No. 31436

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Alan Andresen *et al.*

**Customer Number: 56703**

Attorney Docket: J-INOV.1026

Confirmation No: 2576

May 15, 2006

Serial No.: 10/726,064

Group #: 3762

Filed: December 2, 2003

Date of Notice of Allowance: April 18, 2006

For: Differentiating Acute Myocardial Infarction From Other ECG Abnormalities

Examiner: Lenwood Faulcon, Jr.

MS ISSUE FEE c/o TECHNOLOGY CENTER 3700

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

**PAYMENT OF ISSUE FEE**

Enclosed for filing in the above-identified application are a completed copy of PTOL Form 85B, and a PTO Form 2038 credit card authorization in the amount of \$700.00.

Customer Number

Respectfully Submitted,

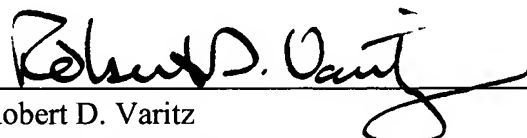
**56703**

ROBERT D. VARITZ, P.C.

Registration No: 31436

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4915 S.E. 33d Place  
Portland, Oregon 97202

RDV:bd

enc.

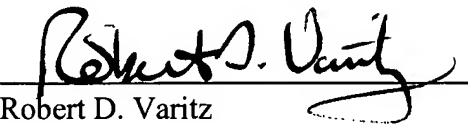


**CERTIFICATE OF EXPRESS MAILING**

"Express Mail" Mailing Label No. **EV756095808US**  
Date of Deposit - May 15, 2006

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Robert D. Varitz